

SECURITY TERMINATION STATEMENT

Enter name and address of appropriate Naval or Marine Corps activity obtaining statement.

1. I HEREBY CERTIFY that I have conformed to the directives contained in the Information Security Program Regulation (OPNAV Instruction 5510.1), and the Communications Security Material System Manual (CMS-4) in that I have returned to the Department of the Navy all classified material which I have in my possession.

2. I FURTHER CERTIFY that I no longer have any material containing classified information in my possession.

3. I shall not hereafter communicate or transmit classified information orally or in writing to any unauthorized person or agency. I understand that the burden is upon me to ascertain whether or not information is classified and agree to obtain the decision of the Chief of Naval Operations or his authorized representative on such matters prior to disclosing information which is or may be classified.

4. I will report to the Federal Bureau of Investigation or to competent naval authorities without delay any incident wherein an attempt is made by an unauthorized person to solicit classified information.

5. I, _____, have been informed and am aware that Title 18 U.S.C. Sections 793-799, as amended and the Internal Security Action of 1950 prescribe severe penalties for unlawfully divulging information affecting the National Defense. I certify that I have read and understand Appendix F of the Information Security Program Regulation OPNAV Instruction 5510.1. I have been informed and am aware that certain categories of Reserve and Retired personnel on inactive duty can be recalled to duty, under the pertinent provisions of law relating to each class for trial by court-martial for unlawful disclosure of information. I have been informed and am aware that the making of a willfully false statement herein renders me subject to trial therefor, as provided by Title 18 U.S.C. 1001.

6. I ☐ have ☐ have not received an oral debriefing.

SIGNATURE OF WITNESS

SIGNATURE OF EMPLOYEE OR MEMBER OF NAVAL OR MARINE CORPS SERVICE (Fill in first, middle, and last name. If military, indicate rank or rate. If civilian, indicate grade.)

TYPE OR PRINT NAME OF WITNESS

DATE